STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223
01-25-2024

MP Smokey Point, LLC
Fields Senior Living at Smokey Point
3607 169th St NE
Arlington, WA 98223

RE: Fields Senior Living at Smokey Point License # 2601

Dear Administrator:

This letter addresses Compliance Determination(s) 35472 (Completion Date 01/09/2024) and 29431 (Completion Date 11/13/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/09/2024 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2130-4

The Department staff who did the on-site verification:
Christine Banta, Community Complaint investigator

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kim Ripley

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Fields Senior Living at Smokey Point
License/Cert.#: 2601
Compliance Determination #: 29431
Investigator: Wesler Dumecquias
Provider Type: Assisted Living Facility
Intake ID: 97639
Region/Unit #: RCS Region 2 / Unit A
Investigation Date(s): 09/13/2023 through 11/13/2023
Complainant Contact Date(s): 09/12/2023

Allegation(s):

1. The Named Resident (NR) had a hip fracture and small bruises on their legs and thigh in multiple stages of healing of an unknown origin.
2. The NR was very sensitive to being touched. When a urine sample was being collected the NR yelled "get it out of me! Please don't beat me! I don't want you inside of me!"

Investigation Methods:

Sample:	Total residents: 74 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents Staff to resident interactions Resident to resident interactions Resident rooms
Interviews:	Nursing staff Residents Family members Administrator
Record Reviews:	Hospital records Incident investigation Facility policies Police investigation Care plans Incident reports Progress notes Assessments Email communications Morse fall assessments

Investigation Summary:

1. The Assisted Living Facility (ALF) investigated the incidents but was not able to determine the cause of the injuries. The ALF sent the Named Resident (NR) to the

hospital when the NR complained of hip pain for evaluation and treatment. The ALF identified the NR as having a high fall risk and had multiple falls. Record review showed the NR had skin issues monitored by the ALF sustained from the frequent falls. Interview and record review showed the Assessments and the Negotiated service plans for the NR and a Sampled residents were not matching and updated. Failed practice was identified. A citation was issued for noncompliance with WAC 388-78A-2130(4) Service agreement planning.
2. The NR was cognitively impaired. Interview with family showed the NR had no history of physical or sexual abuse. Interview and Record review showed the NR had no previous incidents or indications of physical or sexual abuse while living at the ALF. The NR had a previous incident of a Resident-to-Resident physical incident which the ALF investigated and ruled out abuse and neglect. The ALF had been following the service plan at that time. On 09/10/2023, the ALF determined the NR was sensitive and screaming due to pain when staff were trying to get them up. The ALF called 911 and sent the NR to the hospital for evaluation and treatment. No failed practice identified.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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Statement of Deficiencies	License #: 2601	Compliance Determination # 29431
Plan of Correction	Fields Senior Living at Smokey Point	Completion Date
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You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 09/13/2023 and 09/13/2023 of:

Fields Senior Living at Smokey Point
3607 169th St NE
Arlington, WA 98223

This document references the following complaint number(s): 97639

The following sample was selected for review during the unannounced on-site visit: 3 of 74 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Wesler Dumecquias, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Kim Ripley
Residential Care Services

11/17/2023
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(4) Review and update each resident's negotiated service agreement as necessary following an annual full assessment;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to update the negotiated service agreement for 2 of 2 residents (Resident 1 and 2) following their quarterly and annual full assessment. This failure resulted in Resident 1 and 2 having negotiated service plans (NSA) that did not accurately reflect their care needs and placed the residents at risk for compromised safety, harm and unmet care needs.

Findings included...

Review of the ALF's policy, "Resident Assessment and Negotiated Service Agreement" dated 05-05-2023 showed Assessments and Negotiated Service Agreements will be updated as frequently as necessary to ensure they reflect current resident care needs and preferences. Individualized Negotiated Service Agreements are used to plan for and meet resident needs using an interdisciplinary approach.

Resident 1

Resident 1 was admitted on [redacted]/2022 with multiple diagnoses including [redacted] and [redacted]

Review of ALF's Morse fall assessment (Morse fall scale is a fall risk assessment tool that predicts the likelihood that a patient will fall) dated 08/25/2023 showed Resident 1 was identified as high fall risk. The Morse fall assessment showed Resident 1 overestimates or forgets their limits to safely ambulate.

Review of Resident 1's most current Negotiated Service Agreement (NSA) dated 04/06/2023 showed:

1. Resident 1 was continent of bladder. Continent of bowels but have occasional urgency and could not make it to the bathroom. Resident 1 was independent with toileting but needs reminders to where the bathroom was located.
2. Resident was independent with eating and drinking. Resident 1 was independent with their glasses. Resident 1 choose which activities to attend. Staff to remind Resident 1 to brush their teeth and comb their hair. Resident 1 was independent with toileting.
3. Resident 1 had moderate dementia with significant short-term memory and possibly long-term memory loss.
4. Resident 1 was independent with mobility.
The NSA did not include that Resident 1 had been identified as high risk for falls or include preventative measures for falls.

Resident 2

Resident 2 was admitted On [redacted]/2023 with multiple diagnoses including [redacted]

Review of Resident 2's Quarterly assessment dated 09/04/2023 showed:
1. Resident 2's communication as impaired and requires assistance with use of devices (hearing aid, pad and pencil, corrective lenses) cleaning, putting on or off or changing batteries. Resident 2 wears eyeglasses.
2. Resident 2 required full assistance with bathing and all other activities of daily living.
3. Resident 2 could not request assistance appropriately, needs help to participate in selective activities.
4. Resident 2 was resistive with medications.
5. Resident 2 had 2 or more falls in the last 30 days.

Review of ALF's Morse fall assessment dated 09/04/2023 showed Resident 2 was identified as high fall risk.

Review of Negotiated Service Agreement (NSA) with multiple dates of revision and recently revised on 09/14/2023 showed:
1. Resident 2 requires reminders for glasses, but did not show the resident requires assistance with cleaning and putting away.
2. Staff assist Resident 2 with taking a shower on Sundays and Wednesdays. Staff will make sure the shower was at a comfortable temperature. Resident 2 uses the shower chair and grab bars. Resident 2 could wash their body; staff wash their back. Resident 2 could dry themselves off and staff help them get dressed. The assessment identified Resident 2 as requiring full assistance.
3. Resident 2 could make their needs and wants known. Resident 2 attends activities and chooses which activities to attend.
4. Staff gives Resident 2's medication in a cup. Resident 2 was able to put the medication into her mouth. The NSA did not show Resident 2 was resistive with medications and how what interventions the staff must do to address or handle the behavior.
5. Resident 2 Requires Reminders for: call for assistance, use of mobility devices, use of the bathroom, going to activities. The NSA failed to mention Resident 2 had more than 2 falls and failed to indicate what interventions must staff do for the prevention of falls.
The NSA did not include that Resident 2 had been identified as high risk for falls or include

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preventative measures for falls.

On 09/13/2023, Staff D, Caregiver, stated that Resident 2 could be resistive with care and agitated.

On 10/11/2023 at 10:02 AM, Staff B, Director of Wellness, stated that after doing an assessment, it would be transcribed in their computer and generate the NSA. The NSA would be reviewed with the resident or family and then signed. Staff B stated that she started on August 2023 and does not have knowledge why the assessments and the NSAs were not matching.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Fields Senior Living at Smokey Point is or will be in compliance with this law and / or regulation on (Date) 12/17/23 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Carina Brumell — Administrator (or Representative)

11/24/23 — Date